

PRIORITY DEFECTS
Top Five per COS

COS	Exception Code	Description	Functional Area Impacted	Status	Ticket ID	Work Around	Post Recovery Fix
010	5017,5031, 5041	Claims denying incorrectly for exception code 5017, 5031, 5041. There is a valid precert number on the claim and the precert is approved for inpatient hospital.	Claims Entry/Submission and Processing	Prod	4595	None Required	Mass Adjustment
010	N/A	Claims paying CCR instead of by DRG.	Claims Entry/Submission and Processing	Prod	4644	None Required	Mass Adjustment
010	N/A	Inpatient claims not processing using DRG rates	Claims Entry/Submission and Processing	Prod	4430	None Required	Mass Adjustment
010, 070, 430, 431, 480, 540, 670	6028	2 LINE CLAIM DENYING AT HEADER INSTEAD OF LINE ITEM/ EXCEPTION 6028 POSTING	Claims Entry/Submission and Processing	Development	5375	None Required	Mass Adjustment
070	6101, 6102, 6103	Duplicate check exceptions should post to the header level on UB-92 invoice types - multiple COS's and claim types	Claims Entry/Submission and Processing	ACS Testing	5487	None Required	Mass Adjustment
070	N/A	Providers receiving duplicate payment for outpatient claims.	Claims Entry/Submission and Processing	Prod	3927	None Required	Mass Adjustment
070	4003	Claims are denying for exception code 4003 although there is a procedure code on the claim.	Claims Entry/Submission and Processing	Prod	4495	None Required	Mass Adjustment
070	2747	Claims that meet the bypass criteria for exception 2747 are denying.	Claims Entry/Submission and Processing	Prod	4548	None Required	Mass Adjustment

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070, 230	6500	Lab procedure codes pricing incorrectly.	Claims Entry/Submission and Processing	Open	923	None Required	Mass Adjustment
080	N/A	COS 080 - Swing Bed Providers should be allowed all active patient status codes	Claims Entry/Submission and Processing	Open	5604	None Required	Mass Adjustment
080	N/A	Medicare xover & straight Medicaid claims for COS 080 (Swing Bed) not being identified via the Web	WEB	User Accepted	4424	None Required	Mass Adjustment
080	MULT	Claim was treated as a Medicare crossover when it is straight Medicaid	Claims Entry/Submission and Processing	ACS Testing	5063	None Required	Mass Adjustment
080		Swing bed crossover claim, although the claim is pricing properly from the rate table, you are unable to see it on the window display drop down, the only place is being display is at the room line level.	Claims Entry/Submission and Processing	ACS Testing	5124	None Required	Mass Adjustment
110	2336	Nursing Facility claims failing for EC 2336 when authorizations are on the member's LTC segment.	Claims Entry/Submission and Processing	Prod	4474	None Required	Mass Adjustment
110, 140, 150, 160		Bill type 22X paying when there is no Medicare part A coverage.	Claims Entry/Submission and Processing	ACS Testing	5497	None Required	Mass Adjustment

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110, 140, 150, 160, 170, 180, 690	MULT	X-Over claims failing exceptions 2290, 2337 and 2357	Claims Entry/Submission and Processing	New	5709	None Required	Mass Adjustment
110, 160	2290	Claim Type N posting Exception 2290 incorrectly; Spans are present but overlapping	Claims Entry/Submission and Processing	User Accepted	5177	None Required	Mass Adjustment
160	N/A	When a member transfers from one nursing facility to another, the system does not appear to be reading the entire LTC segment in order to process the claims for the provider to whom the member has transferred.	Claims Entry/Submission and Processing	Development	5133	None Required	Mass Adjustment
160	6102	Nursing claim was force denied for revenue code 185.	Claims Entry/Submission and Processing	ACS Testing	5182	None Required	Mass Adjustment
200	MULT	Legislative- System changes for home health (COS 200) policy changes effective 1/1/04	Claims Entry/Submission and Processing	ACS Testing	5372	None Required	Mass Adjustment
200	N/A	Co-payment not deducted from Home Health (COS 200) claims	Claims Entry/Submission and Processing	ACS Testing	5081	None Required	Mass Adjustment
230		ASC pricing	Claims Entry/Submission and Processing	DCH Testing	5207	None Required	Mass Adjustment

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230, 270, 320, 321, 330, 370, 371, 380, 400, 410, 420, 430, 431, 440, 470, 480, 490, 540, 542, 550, 560, 570, 600, 721, 730, 740, 790, 820		X-Over HCFA line claims paying to the wrong provider id / same group payee id	Claims Entry/Submission and Processing	ACS Testing	5647	None Required	Mass Adjustment
300, 321		Pharmacy should be removed from claims inactivity suspension/termination	Claims Entry/Submission and Processing	Development	5522		

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320		DME Prior Approval amount not paying on claim with an approved amount is in the system.	Claims Entry/Submission and Processing	ACS Testing	4959	None Required	Mass Adjustment
320		update to exception 4712 - COS 320	Claims Entry/Submission and Processing	Updated needed to exception 1557 and new UR exception needed for DME COS 320	5755	None Required	Mass Adjustment
320		Updated needed to exception 1557 and new UR exception needed for DME COS 320	Claims Entry/Submission and Processing	Updated needed to exception 1557 and new UR exception needed for DME COS 320	5754	None Required	Mass Adjustment
320, 330	MULT	The exception codes in the attachment need updating and coded for claim type S.	Claims Entry/Submission and Processing	ACS Testing	5142	None Required	Mass Adjustment
320, 330		Limit Parameters need creating for policy change in DME - child ticket of 5142	Claims Entry/Submission and Processing	DCH HOLD	5441	None Required	Mass Adjustment
320, 330		Claims Subsystem not posting Used Units, Used Amount or claim TCN's to DME/ O&P PA's	Claims Entry/Submission and Processing	Development	5349	None Required	Mass Adjustment

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370		COS 370 - add Y codes to COS determination table	Claims Entry/Submission and Processing	ACS Testing	5440	None Required	Mass Adjustment
430	mult	PA claim denying incorrectly for exceptions 5017 and 5030	Claims Entry/Submission and Processing	Development	5113	None Required	Mass Adjustment
430		Claimcheck Downcoding of procedure codes based on dx	Claims Entry/Submission and Processing	Open	5495	None Required	Mass Adjustment
430		Modifier 25 on E/M codes not being recognized when billing incidental codes same date of service	Claims Entry/Submission and Processing	Open	5499	None Required	Mass Adjustment
430	6506	Incorrect posting of exception code 6506-Medical visit auditing	Claims Entry/Submission and Processing	Open	5601	None Required	Mass Adjustment
430	6101, 6102, 6103	Duplicate Check Determination table Review	Claims Entry/Submission and Processing	User Declined	4502	None Required	Mass Adjustment
430	7510	Exception Code 7510 Denying incorrectly	Claims Entry/Submission and Processing	DCH Testing	4246	None Required	Mass Adjustment
430	7830	Member Service Limits Change For Physician Off. Visits (7830)	Claims Entry/Submission and Processing	ACS Testing	5385	None Required	Mass Adjustment
490, 460		Dental Anesthesia Pricing Issue	Claims Entry/Submission and Processing	ACS Testing	5559	None Required	Mass Adjustment
540, 542	N/A	Type of Bill 73X for FQHC or Free-standing clinics need to be included on the Medicare crossover Part A UB92 crosswalk.	Claims Entry/Submission and Processing	DCH Testing	4743	None Required	Mass Adjustment

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590		Cannot determine why claim cutback and paid only 9 units when PA record reflects 21 units were approved.	Claims Entry/Submission and Processing	ACS Testing	5254	None Required	Mass Adjustment
590		Claims paying when approved units and amount on PA record equal 0 - COS 590, PA type S	Claims Entry/Submission and Processing	User Accepted	5474	None Required	Mass Adjustment
600	mult	RHC's and FQHC's not receiving HealthCheck Payments	Claims Entry/Submission and Processing	Development	4861	None Required	Mass Adjustment
600		Chapter 12 needs to be updated for reimbursement for COS 600	Claims Entry/Submission and Processing	User Declined	5215	None Required	Mass Adjustment
600		Health Check Claims not Paying for Local Codes since DOS 1/1/04 (HIPAA codes implemented in MHN)	Claims Entry/Submission and Processing	Prod	5442	None Required	Mass Adjustment
600		Produce Health Check Letters	Claims Entry/Submission and Processing	DCH Hold	5503	None Required	Mass Adjustment
600		Produce Health Reports and Rosters	Claims Entry/Submission and Processing	DCH Hold	5504	None Required	Mass Adjustment
660	6033	Exception 6033 posting to COS 660 claims in error for procedure Y4040.	Claims Entry/Submission and Processing	User Accepted	5259	None Required	Mass Adjustment
670		The highest procedure line billed denied and the other two lines paid at 50%. One of these lines should have paid at 100% and the other paid at 50% with one denied line due to an NCCI edit.	Claims Entry/Submission and Processing	DCH Testing	5207	None Required	Mass Adjustment

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670		Xover ASC claims submitted on HCFA or UB format	Claims Entry/Submission and Processing	Development	5645	None Required	Mass Adjustment
680	7350	EC 7350 posting to claims in error when member receives day hab, personal support or RTS, at the same time.	Claims Entry/Submission and Processing	Prod	4589	None Required	Mass Adjustment
690		Legislative -Liability not being deducted from Hospice claims billing revenue code 659	Claims Entry/Submission and Processing	ACS Testing	5409	None Required	Mass Adjustment
690		Institutional Hospice Transactions Incorrectly Pending For Edit 314	Claims Entry/Submission and Processing	DCH Testing	5632	None Required	Mass Adjustment
690		Some rates for Hospice providers are on the wrong MHN file	Claims Entry/Submission and Processing	Development	5376	None Required	Mass Adjustment
690		Hospice Claims with dates of service prior to 4/1/2003 deny for 4106 rate record not found	Claims Entry/Submission and Processing	DCH HOLD	5606	None Required	Mass Adjustment
690		Web Inquiry on Eligibility does not return all lock-in segments	WEB	Development	5265	None Required	Mass Adjustment
720		Dialysis facility claims calculating payment incorrectly. Rev code 821 w/ proper procedure code	Claims Entry/Submission and Processing	DCH Hold	5041	None Required	Mass Adjustment
720	4011	Modify Exception Code 4011 For Dialysis Program	Claims Entry/Submission and Processing	Open	5555		To Be Determined
720, 721		Dialysis, Xover claims 636 /259 rev codes new pricing changes to be made	Claims Entry/Submission and Processing	ACS Testing	5322	None Required	Mass Adjustment

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721		Dialysis facility claims (UB-92) denying incorrectly for exception code 2720.	Claims Entry/Submission and Processing	DCH Testing	5184	None Required	Mass Adjustment
721	7258	Update needed for exception 7258	Claims Entry/Submission and Processing	Development	5370	None Required	Mass Adjustment
721		Crossover/Medicaid professional dialysis claim cutting back on procedure codes	Claims Entry/Submission and Processing	Open	5564		To Be Determined
760	6099	Exception 6099 not functioning for COS 760 claims (allowing claims to be processed without documentation of comprehensive exam- Y0186 which is against policy).	Claims Entry/Submission and Processing	User Accepted	5003	None Required	Mass Adjustment
760, 960, 762, 763	7133	Children At Risk TCM (Exception 7133)	Claims Entry/Submission and Processing	Open	3168	None Required	Mass Adjustment
761		Exception 6070 not posting correctly on comprehensive visits.	Claims Entry/Submission and Processing	Open	4408		To Be Determined
770	7252	Exception 7252 posting incorrectly	Claims Entry/Submission and Processing	ACS Testing	5138	None Required	Mass Adjustment
790	6029	Update Exception 6029. COS 790 needs to remain in this exception and procedure codes monitored for this COS are 99202-99212 and 99341-99350.	Claims Entry/Submission and Processing	Prod	4865	None Required	Mass Adjustment

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800	6029	COS 800 should pay first before COS 761-765 (TCM) - Update Exception 6029	Claims Entry/Submission and Processing	DCH Testing	5202		None Required
840		COS 840 Procedure 97140 paid at different rates	Claims Entry/Submission and Processing	DCH Testing	5206		To Be Determined
840, 960	MULT	New exceptions for cos CIS(840) and CISS (960) for April 2004	Claims Entry/Submission and Processing	Development	5548		None Required
850		When attempting to terminate a provider's COS 850 an error message appears	Claims Entry/Submission and Processing	Development	5101		None Required
850, 430		Error 9097 (GBHC needing other COS active) generating inappropriately	Claims Entry/Submission and Processing	Development	5407		None Required
900	N/A	WINASAP to capture the encounter/service (monthly reports) data from the PASRR provider	Claims Entry/Submission and Processing	Development	4695		Provider Resubmit
930		Invalid edit for Association Affiliation for Provider Type 380, COS 930	Claims Entry/Submission and Processing	Development	5300		None Required
960	N/A	School claims (CISS) are suspending incorrectly	Claims Entry/Submission and Processing	Open	4276	None Required	Mass Adjustment

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970, 971, 972, 770, 660, 590, 680, 681, 930, 200	MULT	Claims for same provider/member/dates of service are not denying for duplicate exception code 6101 when exact services are refiled. Also, claims for same member/dos but different provider are denying for exception code 6101 when services are non-related.	Claims Entry/Submission and Processing	DCH Testing	4502	None Required	Mass Adjustment
990		New attachment code for multi line claims/single line EOMBs	Claims Entry/Submission and Processing	Development	5500		To Be Determined
991		Provider Refunds not appearing on Provider RA's	Claims Entry/Submission and Processing	Development	5144		To Be Determined
991		Major problem w/ missing surgical icd9 codes on Medicare crossover claims Missing surgical icd9 codes on Medicare crossover claims	Claims Entry/Submission and Processing	ACS Testing	5746		To Be Determined